

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70385	
O.I.P.E. CLASSIFIER		112	6/30
FORMALITY REVIEW	J.S.	69134	7-12-99

INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted                      O ..... Objected

Claim	Final	Original	2/10/00	2/10/00	2/13/02	2/13/02	Date
1			✓	✓	✓	✓	
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19			✓	✓	✓	✓	
20			✓	✓	✓	✓	
21			N	N	N	N	
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45			N	N	N	N	
46			N	N	N	N	
47			✓	✓	✓	✓	
48			✓	✓	✓	✓	
49			✓	✓	✓	✓	
50			✓	✓	✓	✓	

Claim	Final	Original	2/10/00	2/10/00	2/13/02	2/13/02	Date
51			✓	✓	✓	✓	
52			✓	✓	✓	✓	
53			✓	✓	✓	✓	
54			✓	✓	✓	✓	
55			N	N	N	N	
56			N	N	N	N	
57			N	N	N	N	
58			✓	✓	✓	✓	
59			✓	✓	✓	✓	
60			✓	✓	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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